

Bankruptcy No. 17-18492

Adversary No. 18-6

CERTIFICATE OF SERVICE

I, Scott F. Waterman certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made. I further certify that the service of this summons and a copy of the complaint was made 1-23-18 (date) by:

Certified Return Receipt Requested

(Mail service: ~~Regular~~, first class United States mail, postage pre-paid, addressed to:

Mr. Paul Ince, CEO
Citimortgage Inc.
4740 121st Street, Urbandale IA 63368-2240

() Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:

() Residence Service: By leaving the process with the following adult at:

() Publication: The defendant was served as follows:[Describe briefly]

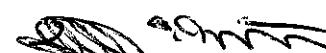
() State Law: The Defendant was served pursuant to the laws of the State of _____ (name of state) as follows: [Describe briefly]

Under penalty of perjury, I declare that the foregoing is true and correct.

Date

2/13/18

Signature



Print Name

Scott F. Waterman

Business Address

110 W. Front Street

City, State, Zip

Media PA 19063

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Mr. Paul Ince CEO Citimortgage Inc. 4740 121st Street Urbandale IA 63360-2240		B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery 1 2 3 18	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7017 0190 0000 2850 6486		3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053			
Domestic Return Receipt			

EXHIBIT “A”